

O P E
JUL 08 2002
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.
**DECLARATION (37 CFR 1.63) FOR UTILITY OR DESIGN APPLICATION USING AN
APPLICATION DATA SHEET (37 CFR 1.76)**PATENT & TRADEMARK OFFICE
The below named inventor(s), I/we declare that:

This declaration is directed to:

The attached application, or

Application No.10/091,202, filed on 03/05/2002

as amended on _____ if applicable);

I/we believe that I/we am/are the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought;

I/we have reviewed and understand the contents of the above-identified application, including the claims, as amended by any amendment specifically referred to above;

I/we acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me/us to be material to patentability as defined in 37 CFR 1.56, including material information which became available between the filing date of the prior application and the National or PCT International filing date of the continuation-in-part application, if applicable; and

All statements made herein of my/own knowledge are true, all statements made herein on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and may jeopardize the validity of the application or any patent issuing thereon.

Full Name of Inventor(s)

Inventor 1 Avinash Govind Thombre

Signature

Avinash Govind Thombre

Citizen of US

Inventor 2 Kasra Kasraian

Signature

Kasra Kasraian

Citizen of US

 Additional inventors are being named on

Burden Hour Statement: This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is used by the public to file (and the PTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This form is estimated to take 1 minute to complete. This time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

O I P E
JUL 08 2002
JC5
Please type a plus sign (+) inside this box +
PATENT & TRADEMARK OFFICE

8/2

**POWER OF ATTORNEY OR
AUTHORIZATION OF AGENT**

Application Number	10/091,202
Filing Date	03/05/2002
First Named Inventor	Avinash Govind Thombre
Title	PALATABLE PHARMACEUTICAL COMPOSITIONS FOR COMPANION ANIMALS
Group Art Unit	
Examiner Name	
Attorney Docket Number	PC10833ARTB

I hereby appoint:

Practitioners at Customer Number

28523



OR

Practitioners named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

The above-mentioned Customer Number.

OR

Practitioners at Customer Number



OR

Firm or
Individual Name

Address

Address

City

State

Zip

Country

Telephone

Fax

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	Avinash Govind Thombre
Signature	<i>Avinash Govind Thombre</i>
Date	May 13, 2002

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

*Total of forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC

Please type a plus sign (+) inside this box → POWER OF ATTORNEY OR
AUTHORIZATION OF AGENT

Application Number	10/091,202
Filing Date	03/05/2002
First Named Inventor	Avinash Govind Thombre
Title	PALATABLE PHARMACEUTICAL COMPOSITIONS FOR COMPANION ANIMALS
Group Art Unit	
Examiner Name	
Attorney Docket Number	PC10833ARTB

I hereby appoint:

 Practitioners at Customer Number

28523



OR

 Practitioners named below:

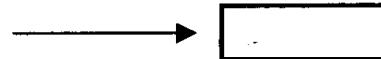
Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

 The above-mentioned Customer Number.

OR

 Practitioners at Customer Number

OR

 Firm or
Individual Name

Address

Address

City

State

Zip

Country

Telephone

Fax

I am the:

 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name Kasra KasraianSignature Kasra KasraianDate July 3, 2002

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

 *Total of forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC